

UNITED STATES U.S. SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

(check if this is an amendment and name has changed and indicate change)

OMB APPROVAL									
OMB Number Expires: Estimated ave	April 30, 2008								
SEC	USE ONLY								
Prefix	Serial 								
DATE	RECEIVED								
1	<u>l</u>								

traine of offering teneer if this is all amendment and hame has changed, and mateat	e change.)			
Capital Alliance Group Inc. Share Issuance				
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506	☐ Section 4(6) ☐ ULOE			
Type of Filing: New Filing				
A. BASIC IDENTIFICAT	ION DATA			
Enter the information requested about the issuer				
Name of Issuer	cate change.) 07066913			
Capital Alliance Group Inc.				
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)			
#1200 - 777 West Broadway, Vancouver, B.C., V5Z 4J7	604-871-9909			
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)			
(if different from Executive Offices)	PROCESSED			
Brief Description of Business	, OCEGOED			
	(\\			
Education, investment and marketing	7 7014 0 8 2007			
Type of Business Organization	LI THOMSON			
☐ corporation ☐ limited partnership, already formed	ther Interestation			
business trust limited partnership, to be formed	FINANCIAL			
Month Year				
Actual or Estimated Date of Incorporation or Organization: 1 1 8 6	Actual Estimated			
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service ab				
CN for Canada; FN for other foreign ju	risdiction) <u>CN</u>			

GENERAL INSTRUCTIONS

Name of Offering

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only reported the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC IDE	NTIFICATION DATA		· • • • • • • • • • • • • • • • • • • •
2. Enter the information requ	ested for the foll	owing:			
 Each promoter of the 	issuer, if the iss	uer has been organized wit	thin the past five years;		
 Each beneficial owners of the issuer; 	er having the pov	ver to vote or dispose, or d	irect the vote or disposition	n of, 10% or more	of a class of equity securities
 Each executive office 	er and director of	f corporate issuers and of c	corporate general and mana	eging partners of p	partnership issuers; and
 Each general and ma 	naging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if is	ndividual)	•		· — · · · · · ·	
Chu, Allen					
Business or Residence Address		(Number and Street, City	y, State, Zip Code)		
7971 Bennett Road, Richmon	d, BC V6Y 1N3				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if in	ndividual)				
Chu, Toby					
Business or Residence Address		(Number and Street, City	y, State, Zip Code)		
1200 - 777 West Broadway, V					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if it	ndividual)				
David, Tony					
Business or Residence Address		(Number and Street, City	y, State, Zip Code)		
5818 Adera Street, Vancouve				·	<u>_</u>
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
Hsu, David			 ,		
Business or Residence Address		(Number and Street, City	y, State, Zip Code)		
10022 Foxrun Road, Santa Ai			57		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if is Leong, Tim	ndividual)				
Business or Residence Address		(Number and Street, City	y, State, Zip Code)		
1200 - 777 West Broadway, V	Vancouver, BC	· ·			
	Promoter	☐ Beneficial Owner		Director	General and/or Managing Partner
Full Name (Last name first, if is	ndividual)				
Neil, James					
Business or Residence Address		(Number and Street, City	y, State, Zip Code)		
1200 - 777 West Broadway, V	ancouver, BC	V5Z 4J7		,	· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	ndividual)				
Ng, Alfred					
Business or Residence Address		(Number and Street, City	y, State, Zip Code)	-	
Suite E, 5F, Jiang Mansion, 1.	399 Beijing Roa	d W., Shanghai, China 2	00040		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

		A. BASIC IDE	NTIFICATION DATA		
2. Enter the information requ	uested for the foll	owing:			
Each promoter of the	e issuer, if the iss	uer has been organized wit	thin the past five years;		
Each beneficial own	er having the pov	ver to vote or dispose, or d	irect the vote or disposition	n of, 10% or mare	of a class of equity securities
of the issuer;			•		
 Each executive office 	er and director of	corporate issuers and of c	orporate general and mana	ging partners of p	artnership issuers; and
 Each general and ma 	anaging partner of	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
. ,	_	_	_	_	Managing Partner
Full Name (Last name first, if	individual)				
Rice, Troy	,				
Business or Residence Address		(Number and Street, City	v State Zin Code)		
7520 E. Larkspur Drive, Sco	_		y, omie, zip code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or
Check Box(es) that rippiy.		Benenetal Owner	Exceditte office.	M Director	Managing Partner
Full Name (Last name first, if	individual)				
Richardson, G. David	marviduai)				
Business or Residence Address		(Number and Street, City	y State 7in Code)		
520 – 885 Dunsmuir Street, V		•	y, state, Zip Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or
Check Box(es) that Apply.	Fromoter	☐ Beneficial Owner	Executive Officer	M Director	Managing Partner
Full Name (Last name first, if	individual)				
	marviauai)				
Sosothikul, Prithep Business or Residence Address		(Number and Street City	v State 7:= Code)		
		(Number and Street, City	y, State, Zip Code)		
85 Sukumuit Soi-39, Bangko			D Farmetine Officer	Director	General and/or
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	☐ Director	Managing Partner
F. 0 Name /I and many Cont. (C.	:4::40				
Full Name (Last name first, if	•				
Cundill International Compa	•	01 1 10 10	0: 4 7' 0: 13		
Business or Residence Address	=	(Number and Street, City	y, State, Zip Code)		
c/o Suite 2150, 1055 West Ge	_				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
E 1131 / / / E 116					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Full Name (Last name first, if	individual)				
					······································
Business or Residence Address	S	(Number and Street, City	y, State, Zip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
					Managing 1 articl
Full Name (Last name first, if	individual)				
Business or Residence Address	S	(Number and Street, City	y, State, Zip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or
					Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	S	(Number and Street, City	y, State, Zip Code)		

					B.	INFORMA	TION ABO	UT OFFER	ING				
												Yes	No
1.	Has th	he issuer so	ld, or does t	the issuer inter	nd to sell, to	non-accred	ited investor	s in this offe	ring?			_	X
					Answer al	so in Appen	dix, Column	2, if filing u	nder ULOE.				
2.				ment that will of managemen		from any ir	ndividual?	•••••	••••••	•••••	•••••	s .	0*
												Yes	No
3.		•		nt ownership o	•							Х	_
4.	or sin listed of the	nilar remun is an assoc broker or	eration for liated person dealer. If r	sted for each p solicitation of n or agent of a nore than five that broker or	purchasers broker or (5) person	s in connection	on with sale ered with the	s of securities SEC and/or	es in the offer with a state	ering. If a p	erson to be st the name		
Full	Name	(Last name	first, if ind	lividual)									
Not	Applic	cable											·
Bus	iness o	r Residence	Address		(Number	and Street,	City, State, 2	Zip Code)					
Nan	ne of As	ssociated Br	oker or Deal	ler					,				
Stat	es in W	hich Person	Listed Has	Solicited or Int	ends to Soli	cit Purchasers	s						
	(Chec	k "All State	s" or check i	individual State	es)					,		☐ All	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD}	[MA]	[Ml]	[MN]	[MS]	[MO]
-	MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA] [PR]
	RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[FK]
Full	Name	(Last name	e first, if ind	lividual)									
Bus	iness o	r Residence	e Address		(Number	and Street,	City, State, 2	Zip Code)					
Nan	ne of As	ssociated Br	oker or Deal	ler									
Stat	es in W	hich Person	Listed Has	Solicited or Int	ends to Soli	cit Purchasers	 S			. <u> </u>			
	(Chec	k "All State	s" or check i	individual State	es)				***************************************			☐ All	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT }	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
ſ	MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]_	[VA]	[WA]	[WV]	[W1]	[WY]	[PR]
Full	Name	(Last name	e first, if ind	lividual)									
Bus	iness o	r Residence	e Address		(Number	and Street,	City, State, 2	Zip Code)					
Nan	ne of As	ssociated Br	oker or Deal	ler									
Stat	es in W	hich Person	Listed Has	Solicited or Int	ends to Soli	cit Purchasers	<u> </u>						
				individual State			,		*******************			☐ All	States
ſ	•	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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Į	MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
ŗ	RI 1	[SC]	I SD 1	I TN I	[TX]	ו דט ז	(VT)	I VA I	[WA l	[WV]	f Wll	[WY]	I PR I

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USI	E OF PROCEEDS	
Ι.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	s
	Equity	CDN\$2,320,640	CDN\$2,320,640
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	S	S
	Partnership Interests	s	s
	Other (Specify)	<u> </u>	•
	Total	CDN\$2,320,640	CDN\$2,320,640
	Answer also in Appendix, Column 3, if filing under ULOE.	CD149 <u>2,320,040</u>	CD14\$ <u>2,320,040</u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offering under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	10	CDN\$2,320,640
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of the securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	•	•
	Regulation A		\$ \$
	Rule 504		\$
	Total		3
1.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	🛛	CDN \$100
	Printing and Engraving Costs		\$
	Legal Fees		CDN \$2,000
	Accounting Fees	<u> </u>	s
	Engineering Fees	_	s
	Sales Commissions (specify finders' fees separately)	_	\$
	Other Expenses (identify) Filing fees	_	CDN_\$18,770
	Total	_	CDN \$20,870
		_	

	C. OFFERING PRICE	CE, NUMBER OF	INVESTORS, EXPE	NSES AND I	USE OF PRO	CEEDS	
	b. Enter the difference between the aggr Question 1 and total expenses furnished in re- "adjusted gross proceeds to the issuer."	regate offering pri sponse to Part C - (ce given in response Question 4.a. This diffe	to Part C -			CDN\$2,299,770
	Indicate below the amount of the adjusted gre- for each of the purposes shown. If the amou and check the box to the left of the estima adjusted gross proceeds to the issuer set forth	int for any purpose te. The total of the	is not known, furnish ne payments listed mu	an estimate			
				1	Payments to O Directors, Affiliate	&	Payments to Others
	Salaries and fees			🗀	s	_ 🗆	s
	Purchase of real estate		•••••	🗀	s	_ 🗆	s
	Purchase, rental or leasing and installation of	machinery and equi	pment	🗀	\$	_ 🗆	s
	Construction or leasing of plant buildings and	facilities	•••••	🗀	s	_ 🗆	\$
	Acquisition of other businesses (including the offering that may be used in exchange for the	value of securities assets or securities	involved in this of another issuer				
	pursuant to a merger)			🗀	\$	_ 🗆	\$
	Repayment of indebtedness		••••••	🗀	S	_ 🗆	\$
	Working capital			🗀	\$	_ 🛛	CDN\$2,299,770
	Other (specify):			_ 🗅	s	_ 🗆	\$
	**************************************			🗀	s	_ 🗆	\$
	Column Totals			🗀	S	_ 🛛	CDN\$2,299,770
	Total Payments Listed (column totals added).			••••	\boxtimes	CDN\$ <u>2,29</u>	<u>9,770</u>
		D. FE	DERAL SIGNATURE	<u> </u>			
he i	ssuer has duly caused this notice to be signed by	the undersigned duly	authorized person. If the	nis notice is fi	led under Rule	505, the follow	ing signature
nst	ssuer has duly caused this notice to be signed by itutes an undertaking by the issuer to furnish to the to any non-accredited investor pursuant to paragonal to p	he U.S. Securities an graph (b)(2) of Rule	d Exoflange Commission 502.	n, upon writte	n request of its	staff, the inform	nation furnished by t
	(Print or Type) ITAL ALLIANCE GROUP INC.	Signature	All _		Date May 28, 2007		
	AG1						
ıme	e of Signer (Print or Type)	Title of Signer (P	int di Typel				
		1					

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STAT	E SIGNATURE	<u> </u>							
1.	Is any party described in 17 CFR 230.262 pres of such rule?	sently subject to any of	the disqualification provision	ns	Yes	No X					
		See Appendix, Col	umn 5, for state response.								
2.	The undersigned issuer hereby undertakes to fi 239.500) at such times as required by state law		nistrator of any state in which	h this notice is filed, a notice or	Form I) (17 CFR					
3.	The undersigned issuer hereby undertakes to fi	e undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.									
	The undersigned issuer represents that the issue Exemption (ULOE) of the state in which this restablishing that these conditions have been sate issuer has read this notification and knows the horized person.	notice is filed and under stisfied.	stands that the issuer claimin	g the availability of this exemp	tion has	the burden of					
İssı	ner (Print or Type) PITAL ALLIANCE GROUP INC.	Signature		Date May 28, 2007		·					
Naı	me (Print or Type)	Title (Print or Type)				-					
Tin	n Leong	Secretary and Chief	Tinancial Officer								

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2	3		4				5
	to non-a	I to sell ccredited s in State	Type of security and aggregate offering price offered in state			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
\vdash	(Part B	-Item 1)	(Part C-Item 1)	Number of	(Part C-I	Number of	1	(Part E	item ()
State	Yes	No		Accredited Investors	Amount	Non- Accredited Investors	Amount	Yes	No
AL									
AK									
AZ		х	Common Stock \$2,320,640	1	CDN \$441,000	0	0		х
AR							-		
CA		x	Common Stock \$2,320,640	9	CDN \$1,879,640	0	. 0		х
со									
СТ									
DE									
DC									
FL									
GA									
ні									
ID									
IL									
IN									
IA			_						
KS				<u> </u>					
KY									
LA									· · · · · · · · · · · · · · · · · · ·
ME									
MD MA									
MI		· · · · · · · · · · · · · · · · · · ·							
MN									

APPENDIX

1	2 3		3		4			5	
i i	to non-a investor	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of inv amount purch (Part C-		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
MS									,
МО									
MT		ļ							
NE									
NV			,					ı	
NH									
NJ		ļ							
NM			,						
NY			,						
NC									
ND									
ОН									
ОК									
OR							<u> </u>		
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WV		ļ	-						
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1	:	2	3	3 4					5	
								•	ification ate ULOE	
i	, , , , , ,		Type of security							
		l to sell	and aggregate		Type of investor and				(if yes, attach	
1		ccredited	offering price		-	ation of				
1	investors in State offered in state amount purchased in State					waiver granted)				
	(Part B	-Item 1)	(Part C-Item 1)	Item 1) (Part C-Item 2)				(Part E-Item 1)		
				Number of		Number of	Ì		i l	
				Accredited		Non-			ì	
State	Yes	No		Investors	Amount	Accredited	Amount	Yes	No	
						Investors				
WY										
PR										

